

**WITNESS STATEMENT
(SORM-74)**

**MUST BE TYPED
OR PRINTED**

Claimant _____
Employer _____
Date of Injury _____
Statement Taken By _____

Witness Name: _____ Age: _____
Residence Address: _____
Home Telephone: _____ Work Telephone: _____
Employer: _____
On _____, 19_____, at about _____ p.m./a.m., I was
in or at (clearly state your own location) _____

_____ when an accident involving the above employee is alleged to have occurred.

(check only one box)

☐

I saw the accident.

The accident occurred in the following manner: _____

Other pertinent information and source: _____

☐

I did not see the accident.

Information given me by (name of person) _____
indicates it occurred as follows: _____

Other pertinent information and source: _____

☐

I know nothing whatsoever about the occurrence.

Signature

Date